



For Office Use Only
Date Received: _____
Permit #: _____
Insurance: _____
License: _____
Policy Expiration Date: _____
Walk through: _____

Catering Vendor Form

Vendor : _____

Contact Name: _____

Phone #'s: Cell: _____ Work _____

Email: _____

Address: _____

Services Provided: _____

By signing this form I confirm that I have read and will adhere to all the Belmont rules and regulations I understand that by submitting this form, I am expressing interest in catering an event at Belmont Manor and Historic Park. I also understand that I am responsible for submitting my license and insurance to the Manager of Belmont no later than 60 days prior to the scheduled event. I agree to arrange a first time walk through with the Manager no later than 60 days prior to the event.